



King County

July 29, 2020

Washington State Board of Health
Keith Grellner, Chair
PO Box 47990
Olympia, WA 98504-7990

Subject: King County public comments on possible revision to notifiable disease reporting in WAC 246-101-105

Dear Washington State Board of Health,

We are writing to share King County's request that the State Board of Health require race/ethnicity data be reported for all notifiable conditions as part of the Board's update to the WAC 246-101-105. In addition, we request you consider requiring gender identity, sexual orientation, primary language, and disability status for all notifiable conditions.

King County declared racism a public health crisis and we are working to advance a public health approach in addressing institutional and systemic racism. Central to this work is ensuring we have the data to address the needs of communities of color and understanding how race/ethnicity intersect with other marginalized identities.

King County and our local health department, Public Health--Seattle King County, serve more than 2.25 million residents, meaning we oversee the largest local public health department in the state and among the largest in the nation. Local health departments big and small need data and information by race/ethnicity, gender identity, sexual orientation, primary language, and disability status to identify populations most at-risk which allows for more effective public health responses that are culturally and linguistically responsive.

For notifiable conditions such as tuberculosis, STDs, HIV and viral hepatitis, understanding the differential impact by race/ethnicity is crucial to responding to these communicable disease conditions. For instance, data shows persons of color (Black/African American, Latinx/Hispanic, and American Indian/Alaskan Native) and transgender individuals have higher rates of HIV diagnosis than overall King County rates. Having this data has allowed King County to focus limited resources on populations most at risk for poor outcomes. It also informs the region's response and enables local health jurisdictions to work with agencies and community-based organizations who serve these populations. This assures individuals receive the necessary treatment to manage their disease and to prevent further disease transmission in culturally responsive ways.

The need for a more streamlined means of collecting this data has grown more urgent as King County responds to COVID-19. As of July 28, 2020, 14,729 King County residents have

tested positive for COVID-19, and 644 residents have died due to the illness. However, data on race/ethnicity of impacted individuals is limited. We need to better understand who in our state is being tested for COVID-19 and what their health outcomes are to ensure our response is equitable and impactful.

People of color, LGBTQ people, immigrants, refugees, and people with disabilities have been historically marginalized and currently experience health and social inequities are at higher risk for negative outcomes for many communicable disease conditions. As we see across the country, King County communities of color are testing positive for COVID-19 and being hospitalized from the disease at disproportionate rates. In addition to race/ethnicity data, we continue to hear from community partners about the need to have comprehensive data on gender identity, sexual orientation, primary language, and disability status. We are concerned that immigrant and refugee households who are linguistically isolated are experiencing disproportionate rates of COVID-19. We also know that individuals with disabilities experience unique barriers to care and a lack of data limits our ability to address concerns.

A major challenge is that virtually all COVID-19 case reports come through laboratory reporting systems that do not have information on patient race/ethnicity. Public Health currently recommends healthcare providers report race for all notifiable disease cases across health conditions; however, there is inconsistent collection of race/ethnicity data by healthcare providers.

This has resulted in race and ethnicity data coming primarily through case contact investigations. One area of concern is racial inequities in testing. While we supplement race/ethnicity data through case interviews, we receive very minimal data on race/ethnicity for negative tests, leaving a very limited picture of who is being tested and what disparities exist. As a result, King County is missing race/ethnicity information for approximately 63 percent of all individuals tested and 24 percent of its confirmed cases.

The lack of complete race/ethnicity, gender identity, sexual orientation, primary language and disability status data are critical information gaps in the current COVID-19 pandemic response locally and statewide. This data is vital to identifying and partnering with communities on outreach, prevention, and access to care.

We urge the State Board of Health to require healthcare providers, laboratories, and testing centers to collect and report patient race/ethnicity, gender identity, sexual orientation, primary language, and disability status data on all notifiable conditions. We encourage a disaggregated list of race/ethnicity categories and have included resources and best practices for data collection. Public Health – Seattle & King County is happy to provide support in operationalizing necessary questions and categories. Requiring this reporting, along with the necessary information system support, is an important step towards completeness of reporting which will better inform the disease response needed to protect our diverse communities.

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Thank you for your consideration. We appreciate your leadership and support in ensuring we have the information needed to address health inequities.

Sincerely,



Dow Constantine
King County Executive



Claudia Balducci
Chair
King County Council Chair



Joe McDermott
Chair
King County Board of Health

Appendix: Resources for Best Practices

Race/Ethnicity:

Race & Ethnicity Student Data: Guidance for Washington's Public Education System

Urban Indian Health Institute Best Practices for American Indian and Alaska Native Data Collection

Guidance from City of Seattle

Gender Identity and Sexual Orientation:

Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys (GenIUSS)

Collecting Sexual Orientation and Gender Identity Information from CDC

Disability Status:

CDC Disability and Health Promotion